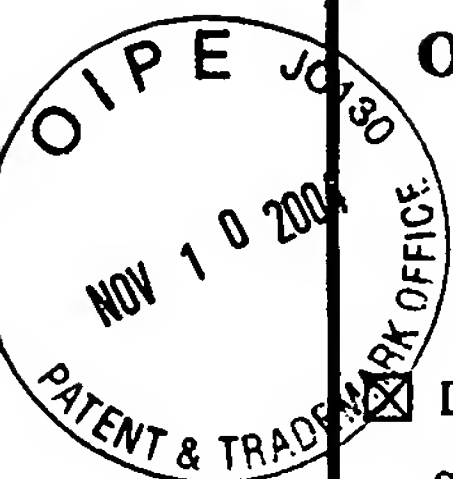


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**DECLARATION AND POWER
OF ATTORNEY FOR UTILITY
OR DESIGN
PATENT APPLICATION**

☒ Declaration ☐ Declaration
Submitted with Submitted after Initial
Initial Filing Filing (surcharge
37 CFR 1.16(e) required)

Attorney Docket No. CTX-057

First Named Inventor Kramer et al.

COMPLETE IF KNOWN

Application Serial Number Not Yet Assigned

Filing Date Herewith

Group Art Unit Not Yet Assigned

Examiner Name Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A System And Method Of Exploiting The Security Of A Secure Communication
Channel To Secure A Non-Secure Communication Channel

(Title of the Invention)

the specification of which

☒ is attached hereto
OR

☐ was filed on [] as United States Application Serial Number or PCT International
(MM/DD/YYYY)

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

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DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
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Name	Registration Number	Name	Registration Number
Steven M. Bauer	31,481	Thomas C. Meyers	36,989
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Isabelle A.S. Blundell	43,321	David G. Miranda	42,898
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Jennifer A. Camacho	43,526	Edmund R. Pitcher	27,829
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John J. Cotter	38,116	Jamie H. Rose	45,054
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Michael J. Giannetta	42,574	Joseph P. Sullivan	45,349
Duncan A. Greenhalgh	38,678	Robert J. Tosti	35,393
William G. Guerin	41,047	Thomas A. Turano	35,722
Jonathan A. Harris	44,744	Michael J. Twomey	38,349
Ira V. Heffan	41,059	Christine C. Vito	39,061
Danielle L. Herritt	43,670	Patrick R.H. Waller	41,418
Douglas J. Kline	35,574	Daniel A. Wilson	45,508
John D. Lanza	40,060	Yin P. Zhang	44,372
Kurt W. Lockwood	40,704		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

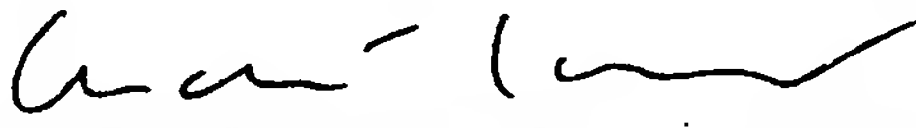

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are crimes punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may be grounds for revocation of the application or any patent issued thereon.

Name of Inventor (First Inventor):		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
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		Kramer						
Inventor's Signature						Date 27/10/2000		
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<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) attached hereto.								
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
		Harwood						
Inventor's Signature						Date 27/10/2000		
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature						Date		
Residence	City		State		Country		Citizenship	
Post Office Address								
P.O. Address (line 2)	City		State		ZIP		Country	

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